



Board of Mineral Mining Examiners  
Fontaine Research Park  
900 Natural Resources Drive  
P.O. Box 3727  
Charlottesville, VA 22903-0723  
(434) 951-6310

### Verification of Work Experience Form

Complete a **separate form for each employer** to certify the experience requirements have been met and have it signed by a company official knowledgeable of your work history. Type or print the information in ink and submit it to the Board of Mineral Mining Examiners.

1. Full Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code

3. Employer/Company Name: \_\_\_\_\_ Mine Name: \_\_\_\_\_

VA Mine Permit Number: \_\_\_\_\_ Employer Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street or PO Box City State Zip Code

4a. Job Title: \_\_\_\_\_ From : 

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 To: 

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**Month/Day/Year** **Month/Day/Year**  
(Complete all 3 blanks) (Complete all 3 blanks)

Detailed description of mining-related job duties which are applicable to certification requested:

\_\_\_\_\_  
\_\_\_\_\_

4b. Job Title: \_\_\_\_\_ From : 

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 To: 

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**Month/Day/Year** **Month/Day/Year**  
(Complete all 3 blanks) (Complete all 3 blanks)

Detailed description of mining-related job duties which are applicable to certification requested:

\_\_\_\_\_  
\_\_\_\_\_

4c. Job Title: \_\_\_\_\_ From : 

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 To: 

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**Month/Day/Year** **Month/Day/Year**  
(Complete all 3 blanks) (Complete all 3 blanks)

Detailed description of mining-related job duties which are applicable to certification requested:

\_\_\_\_\_  
\_\_\_\_\_

5. I hereby certify that the information related to this applicant's experience as submitted on this form is correct.

\_\_\_\_\_  
Signature of Company Official

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date